

Nondiscrimination Notice and Language Access

In addition to the State of California nondiscrimination requirements, Scripps Health Plan Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Scripps Health Plan Services does not exclude people or treat them differently because of race, color, national origin, age, disability, ancestry, marital status, gender, gender identity, sexual orientation, or sex. To assist members in accessing services, Scripps Health Plan Services:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - a) Qualified sign language interpreters
 - b) Written information in other formats (large print, audio, accessible electronic formats, other formats)

2. Provides free language services to people whose primary language is not English, such as:
 - a) Qualified interpreters
 - b) Information written in other languages

If you need these services, contact Scripps Health Plan Services Customer Service by calling 1-888-680-2273 (TTY: 711).

If you believe that Scripps Health Plan Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, ancestry, marital status, gender, gender identity, sexual orientation or sex, you can file a grievance to the Plan Compliance Officer or the Appeals and Grievance Department by mail, in person, telephonically, fax, email or online. If you need help filing a grievance, we are available to help you.

- a) Mail or in person:

Scripps Health Plan Services ATTN: Appeals & Grievances
10790 Rancho Bernardo Rd. Mail Drop 4S-300
Rancho Bernardo, CA 92127

- b) Phone: 1-888-680-2273 (TTY: 711)
- c) Fax: 1-858-260-5879
- c) Email: SHPSAppealsAndGrievancesDG@scrippshealth.org
- d) Online: www.scrippshealthplan.com

If your health problem is urgent, you already filed a complaint and are not satisfied with the decision, or it has been more than 30 days since you filed a complaint, you may submit an Independent Medical Review/ Complaint Form with the Department of Managed Health Care (DMHC). You may submit a

complaint form by calling the **DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891)** or online at www.dmhc.ca.gov/FileaComplaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish (Español)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-680-2273 (TTY: 711)**. Scripps Health Plan Services cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Chinese (中文)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-680-2273 (TTY 711)**。Scripps Health Plan Services 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Vietnamese (Tiếng Việt)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-680-2273 (TTY: 711)**. Scripps Health Plan Services tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-680-2273 (TTY: 711)**. Sumusunod ang Scripps Health Plan Services sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Korean (한국어)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-680-2273 (TTY: 711)** 번으로 전화해 주십시오. Scripps Health Plan Services 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Armenian (հայերեն)

Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-888-680-2273** (TTY (հեռատիպ)՝ **711**): Scripps Health Plan Services-ը հետևում է քաղաքացիական իրավունքների մասին գործող դաշնային օրենքներին և խտրականություն չի ցուցաբերում՝ ռասայի, մաշկի գույնի, ազգային պատկանելության, տարիքի, հաշմանդամության կամ սեռի հիման վրա:

Persian (Farsi) فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 2273-680-888-1 تماس بگیرید.

Scripps Health Plan Services از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود.

Russian (русском)

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-680-2273** (телетайп: **711**). Scripps Health Plan Services соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Japanese (日本)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-680-2273 (TTY: 711) まで、お電話にてご連絡ください。Scripps Health Plan Services は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

Arabic (العربية)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-680-2273 (رقم هاتف الصم والبكم: 711). يلتزم Scripps Health Plan Services بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.

Punjabi (ਪੰਜਾਬੀ ਦੇ)

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-680-2273 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। Scripps Health Plan Services ਲਾਗੂ ਸੰਖੀ ਨਾਗਰਿਕ ਹੱਕਾਂ ਦੇ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦੀ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਸਮਰਥਤਾ, ਜਾਂ ਲਿੰਗ 'ਤੇ ਅਧਾਰ 'ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦੀ ਹੈ।

Mon Khmer (ខ្មែរ)

បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អិត គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-888-680-2273** (TTY: 711)។ Scripps Health Plan Services អនុវត្តតាមច្បាប់សិទ្ធិពលរដ្ឋនៃ សហព័ន្ធដែលសមរម្យនឹងមិនមានការរើសអើង លើមូលដ្ឋាន នៃពូជសាសន៍ ពណ៌សម្បុរ សញ្ជាតិដើម អាយុ ពិការភាព ឬភេទ។

Hmong (Hmoob)

Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-888-680-2273** (TTY: **711**). Scripps Health Plan Services ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.

Hindi (हिंदी)

यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-680-2273** (TTY: **711**) पर कॉल करें। Scripps Health Plan Services लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Thai (ไทย)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-680-2273** (TTY: **1-711**). Scripps Health Plan Services ได้ปฏิบัติตามรัฐธรรมนูญที่ด้านสิทธิที่เหมาะสมและไม่ได้แบ่งแยกทางชาติพันธุ์ สีผิว เชื้อชาติ อายุ ความทุพพลภาพ หรือเพศ